

10/560724

IAP9 Rec'd PCT/PTO 13 DEC 2005

Application Data Sheet**Application Information**

Application Number::	N/A
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CFR)?::	
Number of Copies of CRF::	
Title::	SYSTEMS AND METHODS FOR CALL CENTER PROCESSING
Attorney Docket Number::	56578-319545
Request for Early Publication?::	NO
Request for Non-Publication?::	
Suggested Drawing Figure::	FIG. 1
Total Drawing Sheets::	7
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type:	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent App.?::	No

### **Applicant Information**

Applicant Authority Type::	1 <sup>st</sup> Named Inventor
Primary Citizenship Country::	INDIA
Status::	Full Capacity
Given Name::	Sunil
Middle Name::	
Family Name::	Kumar
Name Suffix::	
City of Residence::	Chandigarh
State or Province of Residence::	Chandigarh
Country of Residence::	India
Street of Mailing Address::	House No. 459/1, Sector-44
City of Mailing Address::	Chandigarh
State or Province of Mailing Address::	Chandigarh
Country of Mailing Address::	India
Postal or Zip Code of Mailing Address::	

Applicant Authority Type::	2 <sup>nd</sup> Named Inventor
Primary Citizenship Country::	INDIA
Status::	Full Capacity
Given Name::	Avtar
Middle Name::	
Family Name::	Singh
Name Suffix::	
City of Residence::	Chandigarh
State or Province of Residence::	Chandigarh
Country of Residence::	India
Street of Mailing Address::	House No. 3065, 2 <sup>nd</sup> Floor, Section 19-D
City of Mailing Address::	Chandigarh
State or Province of Mailing Address::	Chandigarh
Country of Mailing Address::	India
Postal or Zip Code of Mailing Address::	

### **Correspondence Information**

Correspondence Customer Number::	35657
Name::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of Mailing Address::	
Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	
Phone Number::	
Fax Number::	
E-Mail Address::	

### **Representative Information**

Representative Customer Number::	35657	
Representative Designation::	Registration Number::	Representative Name::
Primary	47,629	Douglas M. Hamilton, Esq.

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is a:	U.S. National Phase of	PCT/US2005/033159	13 September 2005
This Application is a:			

### **Foreign Priority Information**

Country::	Application No.::	Filing Date::	Priority Claimed::

## **Assignee Information**

Assignee Name::	Quark, Inc.
Street of Mailing Address::	1800 Grant Street
City of Mailing Address::	Denver
State or Province of Mailing Address::	Colorado
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	80203

DNVR1:60327063.01